

Case Number:	CM14-0186574		
Date Assigned:	11/14/2014	Date of Injury:	07/16/2010
Decision Date:	01/05/2015	UR Denial Date:	10/27/2014
Priority:	Standard	Application Received:	11/10/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Occupational Medicine, and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The applicant is represented [REDACTED] employee who has filed a claim for neck and shoulder pain reportedly associated with an industrial injury of July 16, 2010. In a Utilization Review Report dated October 27, 2014, the claims administrator approved a follow-up visit with a shoulder specialist and conditionally approved/modified a request for a follow-up visit with Dr. [REDACTED] to perform rhizotomy, as follow-up visit alone. The claims administrator stated that the applicant had not benefited from earlier facet blocks and further opined that the attending provider's pursuit of multilevel cervical rhizotomy was not in accordance with non-MTUS ODG Guidelines. The applicant's attorney subsequently appealed. In a September 11, 2014 procedure note, the applicant received cervical facet injections at the left C3-C4, C4-C5, C5-C6, C6-C7, and C7-T11 levels. In an October 16, 2014 progress note, the applicant reported ongoing complaints of shoulder pain. It was suggested that the applicant was working. The applicant had a predominant complaint of axial neck pain. 5/5 upper extremity strength was appreciated. Sensorium was grossly intact to light touch. Follow-up visit with Dr. [REDACTED] to perform rhizotomy was sought. It was stated that applicant exhibited well preserved strength, sensation, and reflexes about the upper and lower extremities with somewhat limited cervical range of motion. The attending provider noted that the applicant did not have neurologic complaints or myelopathic complaints at present. Cervical rhizotomy was sought. It was stated that previous facet injections were beneficial.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Follow up with Dr [REDACTED] to perform rhizotomies: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 174 180.

Decision rationale: The physician in question, Dr. [REDACTED], appears to be an interventional spine physician/ physiatrist. As noted in the MTUS-adopted ACOEM Guidelines in Chapter 8, page 180, applicants in whom there is no clear indication for surgery may benefit from a referral to a physical medicine and rehab specialist. The provider in question does appear to be a pain management/physical medicine rehab specialist. The MTUS Guideline in ACOEM Chapter 8, page 174 further notes that there is "limited evidence" that radiofrequency neurotomy procedures may be effective in relieving or reducing cervical facet joint pain amongst the applicants who have had a positive response to earlier facet injections. In this case, the applicant has reportedly exhibited a favorable response to earlier facet injections administered on September 11, 2014. The applicant did achieve and/or maintain successful return to work status following completion of the same. The applicant was described on a follow-up visit of October 16, 2014 as exhibiting predominantly facetogenic, axial neck pain with no radicular or myelopathic symptoms. Moving forward with the proposed follow-up visit and associated rhizotomy, thus, does appear to be indicated. Therefore, the request is medically necessary.